

Statement of Philosophy

Introduction

The DDSN Early Intervention program has adopted a family-centered approach to organizing and providing assistance and support to families. This approach is based upon the principles of respecting every family's individuality. A child enrolled in the Early Intervention Program may create a need for parent-professional interaction, but should not remain the sole focus of services. Family-centered services respect the strengths and resourcefulness of all families and aim to support and encourage families in their efforts to independently meet the needs of their child with special needs and all its members in ways that they define as functional and appropriate for them. A philosophy of family centered services promises openness and flexibility to accommodate diversity in family beliefs, values, and functioning styles and the changes that families undergo continually as they cope with expected and unexpected life events.

The family-centered philosophy outlined in this Bulletin is based on the following assumptions:

- All people have strengths;
- All people benefit from support and encouragement;
- All people have different but equally valued skills, abilities and knowledge;
- All families have hopes, dreams and wishes for their children;
- All families are resourceful, but all families do not have equal access to resources;
- All families should be assisted in ways that help them maintain their dignity and hope;
- All families should be equal partners in the relationship with service providers; and
- Providers work to meet the needs of families.

SCDDSN providers are expected to adhere to the following principles of family-centered service planning and delivery. The illustrations of practice behavior that follow each principle provide clear illustrations of how all service providers are to interact with families from first contacts through transition from the Early Intervention Program.

Principle 1

The overriding purpose of providing family-centered help is family empowerment, which in turn benefits the well-being and development of the child. For example, providers

- are skilled in the use of effective helping practices and understand they are not rescuers of families;
- help families to feel hopeful;
- assist families to identify and successfully use their abilities and capabilities;
- assist families to make their own choices and decisions;
- respect families' decisions;
- suspend their judgments of families; assist families to plan for the future;
- assist families in becoming interdependent with communities of both informal and formal support, and
- credit families for successful goals.

Principle 2

Mutual trust, respect, honesty, and open communication characterize the family-provider relationship.

For example, providers

- use active/reflective listening skills;
- keep confidences;
- respectfully share with families in response to their concerns, complete and unbiased information;
- effectively use communication skills of dialogue and discussion;
- demonstrate care and concern for families;
- are cognizant and respectful of the culture, beliefs and attitudes of families as they plan and carry out all interventions;
- follow through in a timely manner, and
- are knowledgeable and credible in their actions.

Principle 3

Families are active participants in all aspects of services. The child's team makes all decisions within the constraints established by DDSN, DHEC and DHHS.

For example, providers

- function in a variety of roles (e.g., teacher, mentor, facilitator, mediator, coach, consultant, and advocate);
- plan interventions with the family that actively involves family members at a level of participation they choose;
- identify and use specific strengths of families as a resource for actively meeting identified needs;
- support and encourage decisions of families, and
- acknowledge families as equal partners.

Principle 4

The ongoing collaboration between families and providers is about identifying family concerns, priorities, hopes, needs, goals or wishes, finding family strengths, and the services and supports that will provide necessary resources to meet those needs.

For example, providers

- use problem solving strategies and techniques;
- listen to conversations and understand the relationship between expressed concerns and the real needs families could identify;
- help families to understand their own informal support networks and the potential resources these can provide;
- identify individual strengths of families and build upon these strengths to meet their needs;
- assist families in developing new strengths and abilities, and
- provide encouragement, feedback and guidance in helpful ways to families.

Principle 5

Efforts are made to build upon and use families' informal community support systems before relying solely on professional, formal services.

For example, providers

- understand the importance of natural networks of support in the health and well being of families;
- assist families to identify what resources their informal support networks can provide to meet specific needs or concerns;
- help families learn to communicate and advocate on behalf of their family;
- facilitate contacts between families and their communities to meet their needs through informal resources;
- share information about all community services and the resources they might provide, and
- help agencies and formal service providers clearly identify what resources they offer families.

Principle 6

Providers across all disciplines collaborate with families to provide resources that best match what families need.

For example, providers

- are competent in child development, family dynamics, and their professional specialty;
- have the skills to work in transdisciplinary teams;
- include and consider families as equal team members;
- are flexible and can function in a variety of roles;
- can cross agency boundaries and clearly understand each agency's resources, and
- present options of services and resources to families for their choice.

Principle 7

Support and resources are flexible, individualized and responsive to the changing needs of families.

For example, providers

- develop procedures that are simple and easily understood by families and other providers;
- reduce obstacles that prevent families from receiving immediate assistance;
- create a welcoming atmosphere for families;
- ensure that contacts with families happen frequently and support the development of a relationship between the provider and the family;
- arrange visits with consideration for family schedules and expectations;
- document information in a way that is reflective of the frequently changing needs and concerns of families;

- work together with families to individually design each specific intervention plan of action, and
- allow families to evaluate the success of all intervention goals.